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FALL REDUCTION ON THE MEDICAL-SURGICAL UNIT

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Fall Reduction on the Medical-Surgical Unit

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The population of adults (aged 65 years and older) is growing rapidly, and this growth is linked to an increase risk of injury from falls. The number of adults, aged 65 years and older, is growing, and is expected to rise from 31 million in 1990 to about 68 million by 2040 (The Joint Commission, 2015). The Institute for Healthcare Improvement (2012) asserts that falls are a leading cause of death in patients aged 65 years or older, and an estimated 10% of serious falls occur in patients' rooms and in bathrooms. In 2013, about 25,500 Americans died from falls in healthcare and community settings (Lunsford, 2013). In other words, patients are at a higher risk of falling in the hospital than at home due to their acute illness, medications, other interventions or their unfamiliarity with the hospital environment. In fact, any patient of any age may be at risk of falling because of physiological changes from a medical condition, procedures, surgery (The Joint Commission, 2015). Inpatient falls thus remain a leading adverse event in hospitals and other inpatient settings despite numerous efforts, resulting in fall-related injuries, death, and higher health costs (Rowe, 2012). There are evidence-based fall prevention practices that have been identified including the provision of training to healthcare professionals. The medical-surgical unit's fall prevention program may be good in concept, however, if it is not used properly by the clinical staff, the program will not be successful (Quigley, 2015).

Regarding fall prevention and reduction, this project is patient -focused, one of the attributes of a highly-performing clinical microsystem. Patients expect the care team to provide a safe environment when under our care, thus we have the responsibility to make this happen. I work at a medical-surgical unit in the western United States. Even though the number of falls on the med-surgical unit has steadily decreased over the last few years, it is still high enough to warrant re-education or retraining of health care professionals on fall reduction strategies.

Educating clinical and nonclinical staff on the medical-surgical unit on fall prevention strategies is thus paramount and must take into account everything that contributes to patient falls.

Clinical Leadership Theme

The clinical nurse leader (CNL) is responsible for the management and provision of high quality care across all environments. The focus of this project is to improve safety and care outcomes of patients who are receiving care on the med-surgical unit. One of the CNL role functions is that of a Clinical Outcomes Manager (AACN, 2013), and as a CNL I will focus on the reduction of falls on the medical-surgical unit, working in collaboration with the unit's team of nurses and nursing assistants. My function as a CNL educator is to facilitate the education, retraining, and reinforcement of fall prevention strategies to the unit team. As an advocate, the CNL is best placed to ensure that the nursing team, patients, and their families are equipped with what is required to prevent falls from occurring. The global aim for my unit is to reduce patient fall by 25% at the end of the third quarter of 2018 by increasing staff awareness on fall prevention measures through education, retraining, and reinforcement.

Statement of the Problem

Falls are a major problem anywhere within the healthcare setting, and the prevention of patient falls remains near the top of the mind of every care provider in all clinical settings. Since January 2017, there have been a total of twelve reported fall cases on the medical-surgical unit, and 50% of the falls occurred with the alert and oriented adult patients. Results from surveys completed by the med-surgical unit staff point to falls as a top concern, and thus the need to address the problem. One of the observed obstacles on the unit is that nurses do not know how to properly set the chair pad alarm. Another obstacle is the nonchalant attitude displayed by

ancillary employees, who think the responsibilities of preventing falls lie only on the nurse and nursing assistants. Even though not every fall can be prevented, consistent reinforcement through training and education on falls prevention could play a role in reducing the number of falls. With each prevented fall, the unit can potentially save up to $126,000 plus the cost of additional LOS. The purpose of this project is to prevent falls and ultimately provide a safer environment for all patients.

Project Overview

Falls prevention and reduction is multi-factorial (Center of Disease Control and Prevention, 2016). This project specifically focuses on staff education and awareness of fall prevention measures. The objective of this project is to have a reduction of falls by 25% by the end of September 2018. Patients are our main concern, because if we can provide a safe environment for them, their healing process could be faster, and stress could be reduced for not only the patients, but their family and loved ones. The process begins with education of clinical staff on fall prevention practices. All the staff will need to be retrained and educated on the importance of fall reduction which includes hospital cost savings and cost savings to the patient as well. The process ends with assessment of falls rates on the med-surgical unit post training of clinical staff. By working on the process, we expect to increase the knowledge of the staff on fall prevention, reduce falls and fall-related injuries in the med-surgical unit, and reduce health care costs associated with patient fall. It is important to work on this now because a need has been identified to improve mobility and patient safety by reducing falls, improve patient quality of life, and establish a unit-wide culture for fall prevention. One potential problem is to gain 100% staff buy in to this project. Roger's diffusion of innovation theory will be used to better

understand the range of early adopters to late adopters and laggards, as the change is implemented.

The specific aim statement for my project is to improve patient safety through retraining of clinical and non-clinical staff on fall prevention strategies in the medical-surgical unit. This statement follows the global aim statement which is to improve patient safety by reducing falls by 25% by the end of the third quarter of 2018 on the medical-surgical unit.

Rationale

An analysis that was initially performed for this project was a needs assessment of the microsystem. Using the strengths, weaknesses, opportunities, and threats (SWOT) analysis, I was able to identify the unique needs of my microsystem (see Appendix A for SWOT analysis). One identified strength of the unit is the proper use of the Morse Fall Risk Assessment score (Shever, Titler, Mackin & Kueny, 2010). A main weakness is that staff did not know how to properly use the chair pad alarm. Another weakness is compliance of nursing staff in assigning patients in an area near the nurse's station.

A survey (see Appendix B for survey) was also sent out to the medical-surgical unit staff. They were asked to state their top three safety concerns on the unit. Findings from the survey showed that fall was on top of the list. Out of the 45 survey results, 75% consider fall reduction as top concern, followed by medication administration error at 20%, and 5% for other various safety concerns.

A process map (see Appendix C for process map) was created to illustrate the flow of the unit's current process, and in order to identify improvement opportunities. Patients' risk of falling are assessed using the Morse Risk assessment tool, starting from when they are admitted.

The fishbone (see Appendix D for fishbone diagram), also known as the cause and effect diagram, helps to build a visual theory of potential causes and effects (Nelson, Bataldan & Godfrey, 2007). As stated earlier, ancillary employees often assume that only the nursing staff should be responsible for the prevention of patient falls. Staff on the med-surgical unit should understand that everyone has a role to play in preventing falls on the unit.

Data from the Risk Department showed that 50% of our falls this year have been experienced by alert and oriented patients. These patients are sometimes very resistant to use the call light, along with not knowing their limitations about their current condition while on sedating medications such as pain relievers, anti-anxiety and sleeping medications to name a few. However, through perseverance and patience with all involved, both patients and staff alike, this project will be a success.

There are a number of factors to take into account when it comes to fall reduction. First, we need to consider the cost of staff. Second, Medicare or MediCal do not pay for care of injuries sustained from falls. Therefore, we need to consider the cost for the hospital when patient falls result in injuries. Finally, although not measurable, the cost of stress on the staff, patient and family members need to be considered.

Patients who experience an in-hospital fall have significantly longer hospital stays and associated higher costs. The Joint Commission (2015) report that the average hospital cost for a fall injury is over $14,000. The unit reported 12 patient falls as at August, 2017. Using the Commission's estimate, this amounts to hospital costs of about $168,000. I estimate a reduction in falls by 25% which in turn means a reduction in the costs incurred by the hospital to about $42,000 (3 patient falls). Cost savings to the hospital will be about $126,000.

In addition to potential hospital costs from fall-related injuries, another huge cost could arise from law suits filed by patients or family against the hospital. Also, if there were no additional days of hospital stay, this could open up more beds and allow the med-surgical unit to admit more patients from either the ED or direct admits that the hospital could get paid for, as opposed to incurring cost for a patient fall.

Another benefit with reduced falls includes the patients and their families feeling that their safety is important (Mitchell, Lavenberg, Trotta & Umscheid, 2014). Patients will be discharged in a timely manner, stress on the staff will be reduced, and this leads to better staff retention, and also increases the continuity of care by having nurses stay longer on the unit (Jones & Gates, 2007).

This project would be implemented at no cost as I would be volunteering my time to complete the project. At team huddles, and during orientations, existing pamphlets on fall prevention strategies will be handed out. I will be working with unit team members who are salaried employees and are already established in the budget. This creates a winning situation for the stakeholders.

Methodology

The objective of the fall reduction project is to have a reduction in falls at the medical-surgical unit by 25% by the end of the third quarter of 2018. Changing behavior and practice is difficult and could be stressful, even when the rationale for change is embraced by caregivers. A Clinical Nurse Leader's understanding of change theories is important when planning, implementing and evaluating a process. The change theory that will guide my project is Rogers' diffusion of innovation theory as Roger's innovators and early adopters will be utilized to reach the critical audience to aid in the success of my project. Innovators are the first group to adopt a

change or innovation. The second group, early adopters, are well informed about the importance of fall prevention and fall prevention measures. These two groups of adopters will be identified as they could potentially assist with creating more awareness of fall prevention strategies to earlier and later majority adopters, and also ensure that care providers put all fall prevention strategies into use.

When the change is implemented, I plan to assist to sustain the change. as a CNL and team manager, I will interview staff regularly to check if they are facing any challenges and seek solutions to address these, if any. I will regularly and randomly check to confirm staff, including new graduate nurses, are knowledgeable about fall prevention strategies. Falls unit champions will be assigned to every shift to answer any questions. They will be familiar with the project goals, monitor compliance, and serve as the initial go-to person when staff have any questions (Agency for Healthcare Research and Quality, 2013). At team huddles, progress made with fall reduction on the unit will be discussed. The continued success of this project is only as strong as the unit staff, therefore, with continuous education and reinforcement of fall prevention measures during orientation, and during staff huddles, the number of falls should reduce on the medical-surgical unit. The unit's fall risk report post implementation will be accessed to evaluate the project's effectiveness. Data reviewed so far, since the survey was returned, show that no falls have occurred. Verbal reinforcement of fall prevention measures has been given to the staff. My prediction is that this project will achieve its goal of reducing the number of falls on the med-surgical unit by 25% through retraining, education, and reinforcement.

Data Source/Literature Review

Using the PICO search statement, the population that this project focuses on is the patients in the medical-surgical unit. The medical-surgical unit provides care for an average of 30 patients on a daily basis, and many of these patients are adults aged 65 and older. A plethora of literature documents the success of evidence-based fall prevention strategies. Even though there are a good number of articles that discuss patient falls and strategies to address this problem, it takes a great while to go through various articles to find which ones will be relevant. A search of the CINAHL Complete and PubMed databases was conducted for my literature research. Ten research studies were found to be relevant from these databases. Five of the studies were qualitative, and the remaining five were quantitative studies. Articles retrieved from Google scholar were also useful to support this project. Initially I used keywords falls, falls reduction and falls prevention and many articles that came up were not particularly beneficial for my project. Relevant articles were found after finetuning the search words to include nurse education/ training adult fall prevention, and evidence-based fall staff education.

Nursing care is one of the key components to preventing falls, and we need to accept that all patients in our care are at risk of falling. Balzer, Bremer, Schramm, Luhman & Raspe (2012) discussed the effectiveness of interventions for fall prevention in adults. They suggest that taking up preventive measures to fall prevention depends on guidance and decision-making, quality of information, and education of nursing personnel. The authors also claim that educational opportunities may improve staff attitudes/ perceptions in reducing fall risks among elderly persons. In other words, staff education on the importance of risk assessment and a range of prevention strategies, that can be tailored to individual patient's circumstance, may lead to a reduction in fall rates.

Cangany, Back, Hamilton-Kelly, Altman and Lacy (2015) used a quantitative research design to determine if improved education on the current falls policy, as well as the use of a falls' contract, and fall prevention signs above patients' beds, reduced the overall total number of falls. Their goal was to reduce the total number of falls to 50% in a year to within National Database of Nursing Quality Indicators (NDNQI) standards. They developed a 40-minute video that reenacted a real-life fall of a patient which led to an injury. Post education, a total of 246 audits of practice were completed by their unit staff, and results showed that the total number of falls reduced by more than 50% and the fall rate fell below the NDNQI benchmark.

The study performed by Tzeng, Yin, Anderson and Prakash (2012) focused on questioning staff's awareness of the importance of keeping patient beds at the lowest position to prevent falls in adult acute inpatient care settings. The authors used pre-existing interview data to extract useful data to answer the research question. Findings from the study demonstrated that nursing staff awareness was important in relation to keeping patient beds in the lowest position and an appreciation of the importance of the bed-height alert system to prevent patients falling from the bed.

According to Stevens (2013), education and curricular realignment are considered as some important elements required to maximize the valuable contributions that nurses will make to fully deliver on the promise of evidence based practice (EBP). The author pointed out some challenges of implementing EBP, however, he stated that the adoption of habits such as persistence in educating the future workforce, and retooling the current workforce with skills and power to improve the systems of care, would make the adoption of evidence based practice a success.

Murphy, Labonte, Klock and Houser (2008) discussed the impact of multifaceted interventions to reduce rates of falls on an acute medical unit. Some evidence-based interventions they identified included a geriatric campaign awareness, creation of falls tool boxes, staff education, family education, and the implementation of a structured hourly patient rounds schedule. Recommendations made by the authors include analysis of data related to each patient fall, engaging staff and patients in problem solving and assessment of staff knowledge.

Dyke and Collins (2013) discussed the use of a fall prevention took kit (FPTK) to reduce patient falls in hospitals. FPTK combined existing communication and workflow patterns into the health information technology (HIT) application. The fall risk assessment scale completed by a nurse showed that the FPTK software tailored fall prevention interventions to address patients' specific determinants of fall risk. After 6 months of the intervention, results showed that the use of a fall prevention tool kit in hospital units, compared with usual care, significantly reduced rate of falls.

Education and consistent reinforcement of fall prevention by staff play a significant role in the prevention patient fall. Even though not every fall can be prevented, situational awareness by staff can greatly reduce falls.

Timeline

I started the project in the beginning of September with the initiation of the staff safety survey, and it is projected to be completed by December. The project will however end in November, 2017 for this course. Unit staff were handed existing fall reduction pamphlets towards the end of September at team huddles and during the first week in October, staff were required to attend 30 to 45 minutes of training. There would be continued reinforcement of fall prevention measures during huddles from October until the end of the project. At the beginning

of December, I plan to analyze data from the unit's fall report and data from the Risk Department. A second iteration of staff training will begin in January, 2018 and end in February, 2018. During March, 2018, data from the unit's falls report will be accessed to evaluate the project's effectiveness. There will be continued reinforcement during team huddles during the months of April, and May 2018. Continuous evaluation will be conducted from the month of June through to September, 2018 to evaluate the intervention's continued effectiveness, and project progress will be shared with team members.

Expected Results

Upon educating and retraining of unit staff, I expect to attain my project goal which is to reduce inpatient falls by 25% by the end of the third quarter of 2018. In addition to this, I expect that we would have established a safety culture for fall prevention. Based on the success of the project and reduction in fall rate, I imagine that other units would want to adopt this evidence-based approach of retraining their unit staff on fall prevention practices. Patient safety is every nurse's concern, and this project should have the ability to influence staff's motivation to keep fall rate at a low level.

Nursing Relevance

This project will make a significant contribution to our present understanding of the importance of staff awareness and adherence to falls prevention measures. This CNL project addresses the knowledge deficit with the med-surgical staff. With falls considered to be one of the main safety concerns in hospitals, it is essential, as a CNL, to educate the nurses and retrain them on measures to prevent patient falls. Falls are preventable if nurses have a better understanding of how to prevent falls. The responsibility of a CNL includes working to bring together the care team to improve the care delivery process, and this is achievable "through

lateral integration utilizing collaboration, coordination, communication and evaluation to improve patient care outcomes" (King & Gerard, 2016, p. 46).

Summary Report

One of the objectives of my project was to reduce patient falls on the Medical-Surgical unit by 25% by the end of the third quarter of 2018. Another objective was to retrain staff to have a better understanding of fall prevention measures, and to understand the importance of fall prevention to not just the patient, but also the staff. The unit provides care to adult patients who are acutely ill with a wide variety of medical issues or are recovering from surgery. The methods that I used started off with a survey for the staff to state what they felt as the three top safety concerns for the unit. The results show that 75% of the staff felt that patient falls was a safety concern that needed to be addressed. Based on the survey findings, I began to research CINAHL Complete and PubMed databases, along with Google Scholar to find articles that were needed to support the project, and to implement any changes that were needed on the med-surgical unit.

Falls prevention pamphlets were handed out at team huddles, and these were also kept at visible locations at the nursing station. Staff attended 30 to 40-minute training, and continued reinforcement of falls prevention guidelines were in place to encourage compliance to these guidelines. Both the nursing, and particularly the ancillary staff, were reminded of the important roles they play in falls prevention. The staff worked as a team, and ensured that all patients were properly evaluated for a fall risk. The evaluation process included conducting a survey for the staff to fill out, and feedback from the survey show that the project was a success, and the staff's awareness has increased over the past two months.

The conclusion and recommendation are that staff properly identify patients that are at risk of falling during their admission, and to continually evaluate these patients during their

hospital stay until when they are discharged. I had projected a decrease in falls on the unit by 25% by the end of this project, however, there have been zero falls during the last two months. This shows that with proper education/ retraining, and reinforcement along with staff buy-in, rate of falls could be reduced. The sustainability plan includes the need to keep discussing falls prevention measures during our team huddles. There would also be the need to go through falls prevention measures with all new staff on the unit, explain what is expected of them, and mention the unit's success on falls prevention.

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Appendix A

SWOT ANALYSIS

Strengths • Proper use of Morse Risk Assessment score • Bed pad alarms engaged • Supportive unit leadership • Management's desire to reduce fall rate	**S**	**W**	**Weaknesses** • Staff do not know how to properly set the chair pad alarm • No compliance regarding placement of patients near the nurse's station • Some new graduate nurses were not properly educated on fall risk identification measures and interventions
Opportunities • Fall rate reduction • Improved patient care outcome • Improved patient satisfaction • Improved compliance to fall prevention practices	**O**	**T**	**Threats** • Non-nursing staff's compliance with fall measures • Increased LOS due to injury after a fall

Appendix B

Med-Surg Unit Staff Safety Survey

September, 2017

MEMORANDUM FOR MED-SURGICAL STAFF

FROM: Fola Akinwotu, RN, MSN-CNL Student

SUBJECT: Top 3 Safety Concerns on the Med-Surg Unit

A. This survey aims to address one issue the Med-Surg. unit may have in relation to patient safety. Please indicate below the top three concerns you have. Concerns could range from safe medication administration (e.g. high-risk medications, etc), patient falls, or anything else that's of concern to you.

1. _____

2. _____

3. _____

B. Kindly return this form into my mail box at the report room by the 15th September 2017. Survey results will be shared with our unit staff. This is part of my final project for my MSN degree, I will therefore appreciate any feedback.

C. Please feel free to contact me if you have any questions via email f_akinterinwa@yahoo.com.

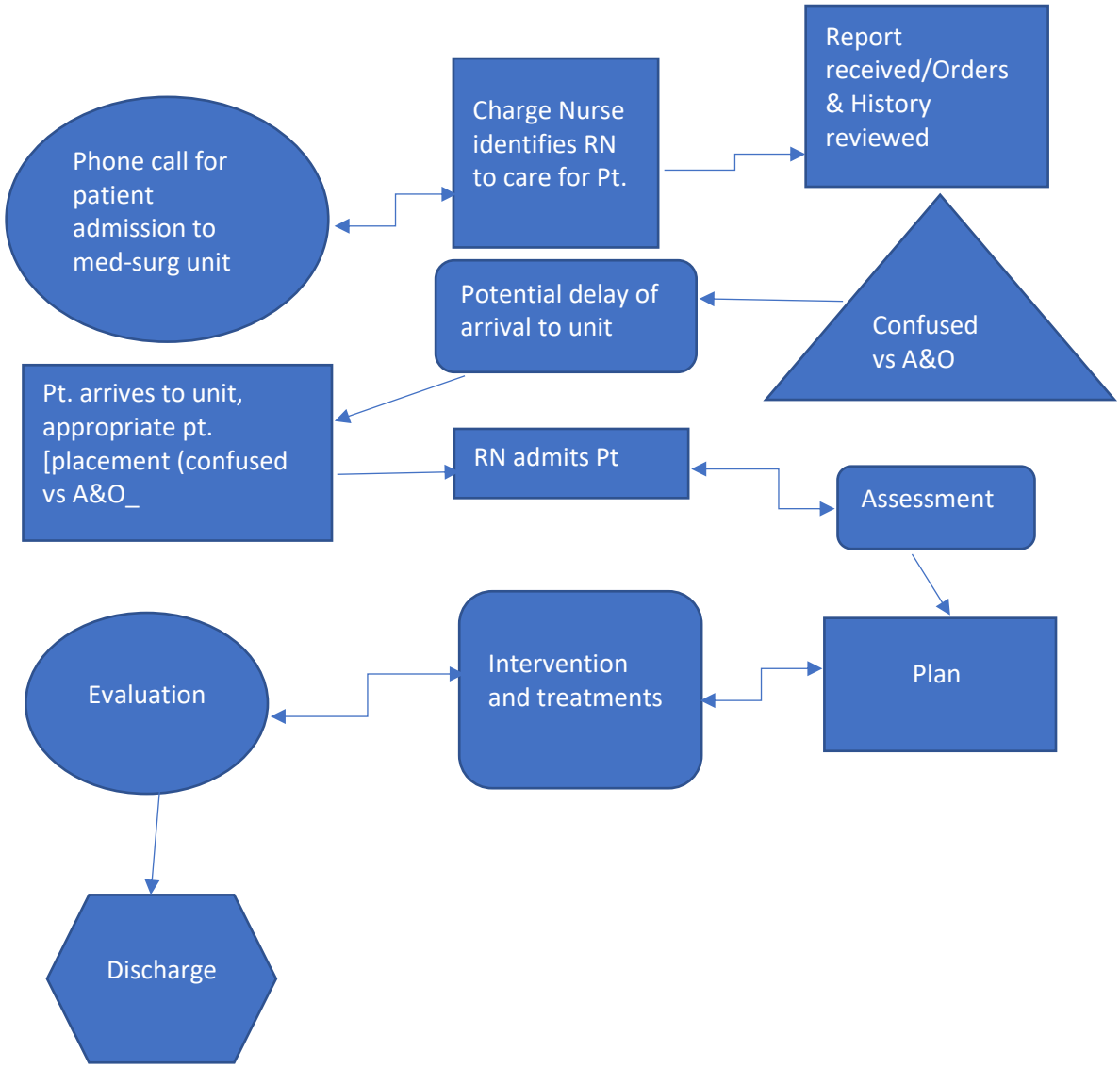
Thank you Med-Surg Team for your help on this project.

Folasayo Akinwotu, RN

University of San Francisco MSN-CNL Student

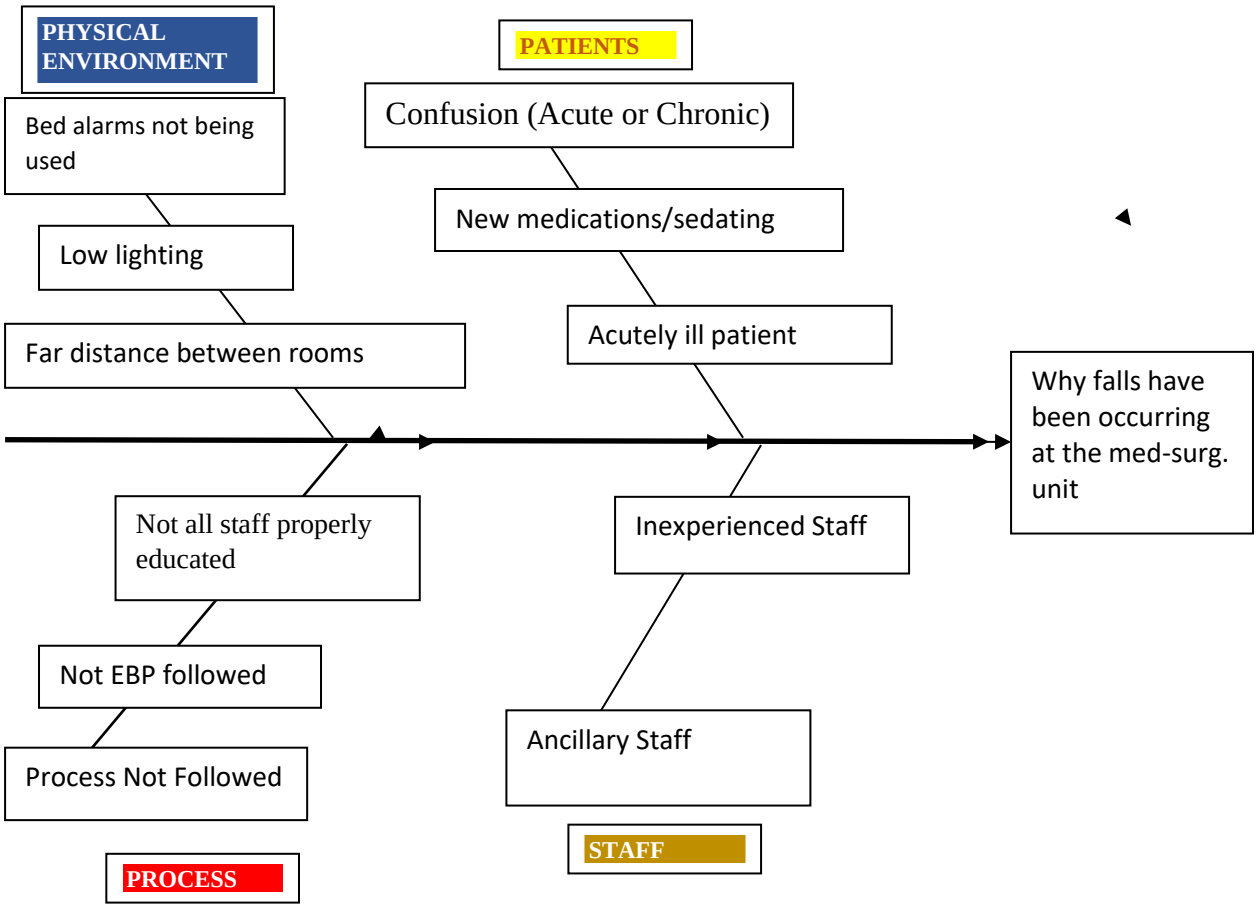
Appendix C

Process Map



Appendix D

CAUSE and EFFECT DIAGRAM



Appendix E

Timeline/ Gantt Chart

	Sept. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	Mar. 2018	Apr. – Jun. 2018	Jul. – Sep. 2018
Med-surg. staff survey									
Hand out fall prevention pamphlet at team huddles, place at nursing station									
Staff to attend 30 to 45 minutes training (first iteration)									
Continue reinforcement of fall prevention measures (verbally during huddles and monitoring of response to call lights)									
Obtain data from unit's fall report/ risk department. Compare fall rate from start of project till Dec. 2017									
Med-surg staff survey (to confirm understanding of what was taught and their views regarding project outcome so far)									
Staff to attend 30 to 45 minutes training (second iteration)									
Obtain data from unit's fall report/ risk department. Compare fall rate from Dec. 2017 to Mar. 2018									
Continued reinforcement/ provide unit staff with project update(s)									
Evaluation of falls prevention intervention/ update unit staff on project status									

Appendix F

STAKEHOLDER ANALYSIS

	Low Stake/ Importance	**High Stake/ Importance**
High Interest	➢ Nursing management ➢ Upper management	➢ Nursing staff (RNs, nursing assistants ➢ Patients
Low Interest	➢ Unit clerks ➢ Physical and respiratory therapists ➢ Environmental services (housekeeping)	➢ Physicians ➢ Discharge planners (patient care coordinators)

Appendix G

November, 2017

MEMORANDUM FOR MED-SURGICAL STAFF

FROM: Fola Akinwotu, RN, MSN-CNL Student

SUBJECT: Feedback on Fall Prevention Measures Training

A. This survey aims to confirm your understanding of what was taught in the training you completed on Fall Prevention measures and to obtain your opinion(s) on the project outcome. Please rate the following information on a scale of 1 to 5, with 5 being 'strongly agree' and 1 being 'strongly disagree'.

The training was relevant to the work I perform on the med-surg unit	1 2 3 4 5
Information was relayed effectively, and I have a better understanding of what measures to take to prevent falls	1 2 3 4 5
The importance of each falls prevention measure was stressed	1 2 3 4 5
I am satisfied with the Falls Report shared at team huddles	1 2 3 4 5

B. Kindly return this form into my mail box at the report room by the 10th November 2017. This is part of my final project for my MSN degree, I will therefore appreciate any feedback.

C. Please feel free to contact me if you have any questions via email f_akinterinwa@yahoo.com.

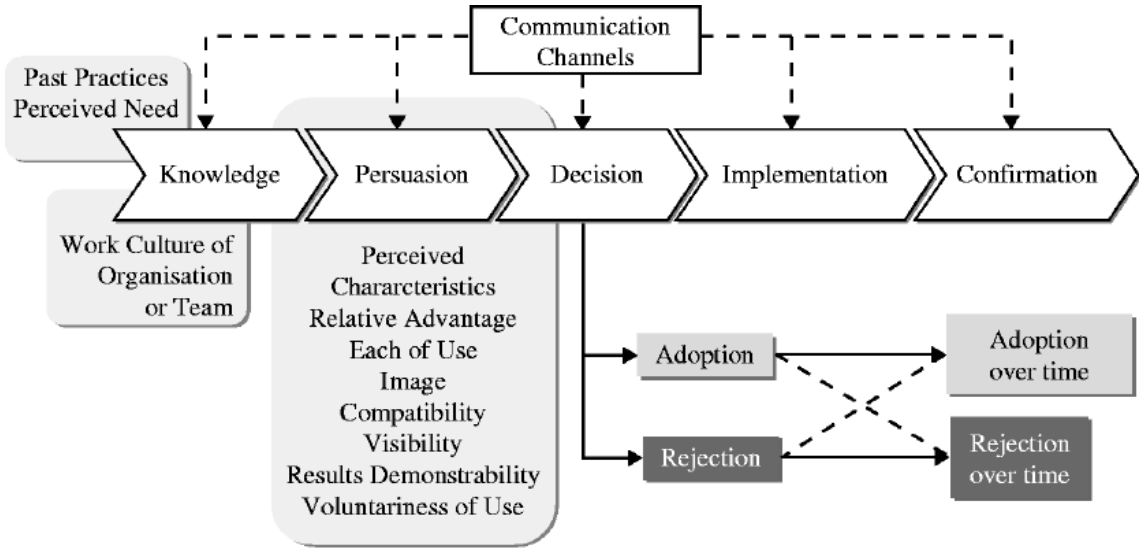
Thank you Med-Surg Team for your help on my final project.

Folasayo Akinwotu, RN

University of San Francisco MSN-CNL Student

Appendix H

Rogers' Diffusion of Innovation Model



Source: Rogers (2003)

Appendix I

Cost Benefit Analysis (CBA)

Costs	**Average cost per fall***	**Cost of total number of reported falls (12) on the unit as at August 2017**
	$14,000	$168,000
Benefits	**To Staff/ Unit/ Hospital**	**To Patients**
	100% decrease in falls as at November 2017 means 100% cost savings to the unit	Timely discharge (i.e. reduced length of hospital stay)
	Cost savings from potential law suits	Patients feel that their safety is important
	Zero falls means more beds are available for patient admissions that the hospital could get paid for.	Improved patient safety
	Stress on staff will be reduced, this leads to staff retention, and increases care continuity by having nurses stay longer on the unit	

*Based on estimates from The Joint Commission